MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/511646	10-18-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿ AMENDMENT			AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42	1						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50	1						100						
TOTAL IND.		⬇		⬇		⬇	TOTAL IND.	5	⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅	TOTAL DEP.	51	⬅		⬅		⬅
TOTAL CLAIMS							TOTAL CLAIMS	56					